

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 164Registered No. 55

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mark H. Roberts

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 3-15-1930
 Month _____ Day _____ Year _____

8. FATHER
 Full name George Daniel Roberts.

14. MOTHER
 Full maiden name Ida Osborne

9. Residence Globe, Ariz.
 (Usual place of abode)
 If non-resident, give place and state.

15. Residence Globe, Ariz.
 (Usual place of abode)
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 46 (Years)

16. Color or race White 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Beaver Co. Utah
 (State or country)

18. Birthplace (city or place) Nefi, Utah
 (State or country)

13. Occupation Miner
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 9
 (b) Born alive but now dead 0
 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. m. on the date above stated.
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. E. Harper

Physician
 (Physician or Midwife).

Given name added from a supplemental report _____

Address Globe, Arizona

Month, day, year _____

Filed 4/18 1930 J. E. Wightman
 Registrar

Registrar

492-315-965